

<i>SERFF Tracking Number:</i>	<i>UNKP-125741666</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Milwaukee Casualty Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>AR-CL-0809-01-465</i>		
<i>TOI:</i>	<i>35.0 Interline Filings</i>	<i>Sub-TOI:</i>	<i>35.0002 Commercial Interline Filings</i>
<i>Product Name:</i>	<i>Commercial Lines</i>		
<i>Project Name/Number:</i>	<i>/AR-CL-0809-01-465</i>		

## Filing at a Glance

Companies: Milwaukee Casualty Insurance Company, Security National Insurance Company, Trinity Universal Insurance Company of Kansas

Product Name: Commercial Lines	SERFF Tr Num: UNKP-125741666	State: Arkansas
TOI: 35.0 Interline Filings	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 35.0002 Commercial Interline Filings	Co Tr Num: AR-CL-0809-01-465	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Authors: Denise Freund, Tyrone Settlemier	Disposition Date: 08/04/2008
	Date Submitted: 07/23/2008	Disposition Status: Approved
Effective Date Requested (New): 09/01/2008		Effective Date (New): 09/01/2008
Effective Date Requested (Renewal): 09/01/2008		Effective Date (Renewal): 09/01/2008

State Filing Description:

## General Information

Project Name:	Status of Filing in Domicile:
Project Number: AR-CL-0809-01-465	Domicile Status Comments:
Reference Organization: NA	Reference Number: NA
Reference Title: NA	Advisory Org. Circular: NA
Filing Status Changed: 08/04/2008	
State Status Changed: 08/04/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
Filing to adopt revised Company Jackets, Declarations & miscellaneous forms due to change in Company name - "UBI, A Division of AmTrust North America".	



SERFF Tracking Number: UNKP-125741666 State: Arkansas  
First Filing Company: Milwaukee Casualty Insurance Company, ... State Tracking Number: EFT \$50  
Company Tracking Number: AR-CL-0809-01-465  
TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings  
Product Name: Commercial Lines  
Project Name/Number: /AR-CL-0809-01-465

## Company and Contact

### Filing Contact Information

Freund Denise, State Filings Analyst dfreund@unitrin.com  
12790 Merit Drive (800) 777-2249 [Phone]  
Dallas, TX 75251 (214) 360-8060[FAX]

### Filing Company Information

Milwaukee Casualty Insurance Company	CoCode: 26662	State of Domicile: Wisconsin
12790 Merit Drive	Group Code: 215	Company Type: Prop & Cas
Dallas, TX 75251	Group Name: Unitrin Prop & Cas	State ID Number:
(800) 777-2249 ext. 8194[Phone]	FEIN Number: 39-1190263	

Security National Insurance Company	CoCode: 19879	State of Domicile: Texas
12790 Merit Drive	Group Code: 215	Company Type: Prop & Cas
Dallas, TX 75251	Group Name: Unitrin Prop & Cas	State ID Number:
(800) 777-2249 ext. 8194[Phone]	FEIN Number: 75-6020448	

Trinity Universal Insurance Company of Kansas	CoCode: 15954	State of Domicile: Kansas
12790 Merit Drive	Group Code: 215	Company Type: Prop & Cas
Dallas, TX 75251	Group Name: Unitrin Prop & Cas	State ID Number:
(800) 777-2249 ext. 8194[Phone]	FEIN Number: 75-1413993	

## Filing Fees

Fee Required? No  
Retaliatory? No  
Fee Explanation:  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Milwaukee Casualty Insurance Company	\$50.00	07/23/2008	21550490
Security National Insurance Company	\$0.00	07/23/2008	
Trinity Universal Insurance Company of Kansas	\$0.00	07/23/2008	



<i>SERFF Tracking Number:</i>	<i>UNKP-125741666</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Milwaukee Casualty Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>AR-CL-0809-01-465</i>		
<i>TOI:</i>	<i>35.0 Interline Filings</i>	<i>Sub-TOI:</i>	<i>35.0002 Commercial Interline Filings</i>
<i>Product Name:</i>	<i>Commercial Lines</i>		
<i>Project Name/Number:</i>	<i>/AR-CL-0809-01-465</i>		

## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved	Llyweyia Rawlins	08/04/2008	08/04/2008



<i>SERFF Tracking Number:</i>	<i>UNKP-125741666</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Milwaukee Casualty Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>AR-CL-0809-01-465</i>		
<i>TOI:</i>	<i>35.0 Interline Filings</i>	<i>Sub-TOI:</i>	<i>35.0002 Commercial Interline Filings</i>
<i>Product Name:</i>	<i>Commercial Lines</i>		
<i>Project Name/Number:</i>	<i>/AR-CL-0809-01-465</i>		

## Disposition

Disposition Date: 08/04/2008  
Effective Date (New): 09/01/2008  
Effective Date (Renewal): 09/01/2008  
Status: Approved  
Comment:

Rate data does NOT apply to filing.

### Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0



SERFF Tracking Number: UNKP-125741666 State: Arkansas

First Filing Company: Milwaukee Casualty Insurance Company, ... State Tracking Number: EFT \$50

Company Tracking Number: AR-CL-0809-01-465

TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings

Product Name: Commercial Lines

Project Name/Number: /AR-CL-0809-01-465

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Company Cover Letter	Approved	Yes
Form	Commercial Lines Policy Jacket - Security National Insurance Co.	Approved	Yes
Form	Commercial Lines Policy Jacket - Trinity Universal Insurance Co.-Kansas	Approved	Yes
Form	Commercial Lines Policy Jacket - Milwaukee Casualty Insurance Co.	Approved	Yes
Form	Trin Pac Policy Jacket - Security National Insurance Co.	Approved	Yes
Form	Common Policy Declarations	Approved	Yes
Form	Sub-Location Address Schedule	Approved	Yes
Form	Location Address Schedule	Approved	Yes
Form	Policy Interest Schedule	Approved	Yes
Form	Extension of Named Insured	Approved	Yes
Form	Forms and Endorsements Schedule	Approved	Yes
Form	Business Auto Declarations	Approved	Yes
Form	Business Auto Declarations	Approved	Yes
Form	Business Auto Declarations	Approved	Yes
Form	Business Auto Declarations	Approved	Yes
Form	Commercial Property Declarations	Approved	Yes
Form	Commercial Property Description of Premises	Approved	Yes
Form	Commercial Property Description of Coverages Provided	Approved	Yes
Form	Commercial Property Description of Optional Coverages Provided	Approved	Yes
Form	Commercial Property Supplemental Declarations Blanket	Approved	Yes
Form	Commercial Property Supplemental Declarations	Approved	Yes
Form	Commercial Crime Declarations	Approved	Yes
Form	Commercial General Liability Declarations	Approved	Yes



SERFF Tracking Number: UNKP-125741666 State: Arkansas  
First Filing Company: Milwaukee Casualty Insurance Company, ... State Tracking Number: EFT \$50  
Company Tracking Number: AR-CL-0809-01-465  
TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings  
Product Name: Commercial Lines  
Project Name/Number: /AR-CL-0809-01-465

<b>Form</b>	Commercial General Liability Classification Schedule	Approved	Yes
<b>Form</b>	Commercial General Liability Extension of Declarations	Approved	Yes
<b>Form</b>	Owners and Contractors Protective Liability Declarations	Approved	Yes
<b>Form</b>	Liquor Liability Declarations	Approved	Yes
<b>Form</b>	Commercial Inland Marine Declarations	Approved	Yes
<b>Form</b>	Accounts Receivable Declarations	Approved	Yes
<b>Form</b>	Physicians and Surgeons Equipment Declarations	Approved	Yes
<b>Form</b>	Signs Declarations	Approved	Yes
<b>Form</b>	Valuable Papers Declarations	Approved	Yes
<b>Form</b>	Umbrella Declarations	Approved	Yes
<b>Form</b>	Umbrella Schedule	Approved	Yes
<b>Form</b>	Notice- Terrorism Coverage - Rejection Statement	Approved	Yes
<b>Form</b>	Notice- Privacy Policy (Auto, Farm)	Approved	Yes
<b>Form</b>	Notice- Privacy Policy (WC)	Approved	Yes
<b>Form</b>	Arkansas Workplace Safety Notice	Approved	Yes
<b>Form</b>	Notice- Privacy Policy (Prop,GL)	Approved	Yes



SERFF Tracking Number: UNKP-125741666 State: Arkansas

First Filing Company: Milwaukee Casualty Insurance Company, ... State Tracking Number: EFT \$50

Company Tracking Number: AR-CL-0809-01-465

TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings

Product Name: Commercial Lines

Project Name/Number: /AR-CL-0809-01-465

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Approved	Commercial Lines Policy Jacket - Security National Insurance Co.	31-3754	06 08	Other	Replaced	Replaced Form #:0.00 31-3754 07 07 Previous Filing #:		SERFF 31_3754_06_08_SN.pdf
Approved	Commercial Lines Policy Jacket - Trinity Universal Insurance Co.- Kansas	31-3756	06 08	Other	Replaced	Replaced Form #:0.00 31-3756 07 07 Previous Filing #:		SERFF 31_3756_06_08_TUK.pdf
Approved	Commercial Lines Policy Jacket - Milwaukee Casualty Insurance Co.	31-3755	06 08	Other	Replaced	Replaced Form #:0.00 31-3755 07 07 Previous Filing #:		SERFF 31_3755_06_08_MC.pdf
Approved	Trin Pac Policy Jacket - Security National Insurance Co.	31-3749	06 08	Other	Replaced	Replaced Form #:0.00 31-3749 08 07 Previous Filing #:		SERFF 31_3749_06_08_SN_TRIN_PAC.pdf
Approved	Common Policy Declarations	DEC CPP	0408	Declaration	Replaced s/Schedule	Replaced Form #:0.00 CPPDEC CPPDEC 0801 Previous Filing #:		SERFF DEC_CPP_0408__Common_Policy_Declarations.pdf
Approved	Sub-Location Address Schedule	DEC SUB LOC SCH	0408	Declaration	Replaced s/Schedule	Replaced Form #:0.00 SLOC SCH SCH 0801 Previous Filing #:		SERFF DEC_SUB_LOCATION_Schedule.pdf



SERFF Tracking Number:	UNKP-125741666	State:	Arkansas
First Filing Company:	Milwaukee Casualty Insurance Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	AR-CL-0809-01-465		
TOI:	35.0 Interline Filings	Sub-TOI:	35.0002 Commercial Interline Filings
Product Name:	Commercial Lines		
Project Name/Number:	/AR-CL-0809-01-465		

Approved	Location Address Schedule	DEC LOC 0408 SCH	Declaration Replaced s/Schedule	Replaced Form #:0.00 LOCSCH SCHED 0801 Previous Filing #:	SERFF DEC_LOC_ SCH_0408_ _Location_S chedule.pdf
Approved	Policy Interest Schedule	DEC 0408 INTEREST SCH	Declaration Replaced s/Schedule	Replaced Form #:0.00 NASCHED SCHED 0801 Previous Filing #:	SERFF DEC_INTER EST_SCH_0 408__Policy _Interest_Sc hedule.pdf
Approved	Extension of Named Insured	DEC 0408 INSURED EXT	Declaration Replaced s/Schedule	Replaced Form #:0.00 Extension of Named Insured 0801 Previous Filing #:	SERFF DEC_INSUR ED_EXT_04 08__Extensi on_of_Name d_Insured.pd f
Approved	Forms and Endorsements Schedule	DEC 0408 FORM SCH	Declaration Replaced s/Schedule	Replaced Form #:0.00 FORMINV SCHED 0801 Previous Filing #:	SERFF DEC_FORM _SCH_0408 __Form_and _Endorseme nt_Schedule. pdf
Approved	Business Auto Declarations	DEC BA 0408	Declaration Replaced s/Schedule	Replaced Form #:0.00 BADECM BADEC 0801 Previous Filing #:	SERFF DEC_BA_04 08__BA_De clarations.pd f
Approved	Business Auto Declarations	DEC BA2 0408	Declaration Replaced s/Schedule	Replaced Form #:0.00 BADEC2 BADEC 0801 Previous Filing #:	SERFF DEC_BA2_0 408__BA_D eclarations.p df
Approved	Business Auto Declarations	DEC BA3 0408	Declaration Replaced s/Schedule	Replaced Form #:0.00 BADEC3 BADEC 0801	SERFF DEC_BA3_0 408__BA_D



SERFF Tracking Number: UNKP-125741666 State: Arkansas

First Filing Company: Milwaukee Casualty Insurance Company, ... State Tracking Number: EFT \$50

Company Tracking Number: AR-CL-0809-01-465

TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings

Product Name: Commercial Lines

Project Name/Number: /AR-CL-0809-01-465

				Previous Filing #:	
Approved	Business Auto Declarations	DEC BA4 0408	Declaration Replaced s/Schedule	Replaced Form #:0.00 BADEC4 BADEC 0801 Previous Filing #:	eclarations.p df SERFF DEC_BA4_0 408__BA_D eclarations.p df
Approved	Commercial Property Declarations	DEC CF 0408	Declaration Replaced s/Schedule	Replaced Form #:0.00 DCFDECM CFDEC 0801 Previous Filing #:	SERFF DEC_CF_04 08__CF_De clarations.pd f
Approved	Commercial Property Description of Premises	DEC CF B0408	Declaration Replaced s/Schedule	Replaced Form #:0.00 DECCFB CFDEC 0801 Previous Filing #:	SERFF DEC_CF_B_ 0408__CF_ Description_ of_Premises. pdf
Approved	Commercial Property Description of Coverages Provided	DEC CF C0408	Declaration Replaced s/Schedule	Replaced Form #:0.00 DECCFC CFDEC 0801 Previous Filing #:	SERFF DEC_CF_C_ 0408__CF_ Description_ of_Coverage s_Provided.p df
Approved	Commercial Property Description of Optional Coverages Provided	DEC CF D0408	Declaration Replaced s/Schedule	Replaced Form #:0.00 DECCFD CFDEC 0801 Previous Filing #:	SERFF DEC_CF_D_ 0408__CF_ Description_ of_Optional_ Coverages.p df
Approved	Commercial Property Supplemental Declarations Blanket	DEC CF E0408	Declaration Replaced s/Schedule	Replaced Form #:0.00 DECCFC CFDEC 0801 Previous Filing #:	SERFF DEC_CF_E_ 0408__CF_ Supplement al_Declaratio ns_Blanket.p



SERFF Tracking Number: UNKP-125741666 State: Arkansas  
 First Filing Company: Milwaukee Casualty Insurance Company, ... State Tracking Number: EFT \$50  
 Company Tracking Number: AR-CL-0809-01-465  
 TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings  
 Product Name: Commercial Lines  
 Project Name/Number: /AR-CL-0809-01-465

						df
Approved	Commercial Property Supplemental Declarations	DEC CF F 0408		Declaration Replaced s/Schedule	Replaced Form #:0.00 DECCFC CFDEC 0801 Previous Filing #:	SERFF DEC_CF_F_ 0408__CF_ Supplement al_Declaratio ns.pdf
Approved	Commercial Crime Declarations	DEC CR 0408		Declaration Replaced s/Schedule	Replaced Form #:0.00 CRDEC 0801 Previous Filing #:	SERFF DEC_CR_04 08__CR_De clarations.pd f
Approved	Commercial General Liability Declarations	DECGL 0408		Declaration Replaced s/Schedule	Replaced Form #:0.00 GLDEC GLDEC 0801 Previous Filing #:	SERFF DEC_GL_04 08__GL_De clarations.pd f
Approved	Commercial General Liability Classification Schedule	DEC GL 0408 CLASS		Declaration Replaced s/Schedule	Replaced Form #:0.00 GLCLASS 0695 Previous Filing #:	SERFF DEC_GL_CL ASS_0408_ _GL_Classifi cation_Sche dule.pdf
Approved	Commercial General Liability Extension of Declarations	DEC GL 0408 EXT		Declaration Replaced s/Schedule	Replaced Form #:0.00 GLDECB GLDEC 0801 Previous Filing #:	SERFF DEC_GL_E XT_0408_ GL_Extensio n_of_Declar ations.pdf
Approved	Owners and Contractors Protective Liability Declarations	DEC GL 0408 OCP		Declaration Replaced s/Schedule	Replaced Form #:0.00 GLDECE GLDEC 0801 Previous Filing #:	SERFF DEC_GL_O CP_0408_ GL_Owners _&_Contract ors_Protectiv e_Liability.pd f
Approved	Liquor Liability	DEC GL 0408		Declaration Replaced	Replaced Form #:0.00	SERFF



SERFF Tracking Number: UNKP-125741666 State: Arkansas  
First Filing Company: Milwaukee Casualty Insurance Company, ... State Tracking Number: EFT \$50  
Company Tracking Number: AR-CL-0809-01-465  
TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings  
Product Name: Commercial Lines  
Project Name/Number: /AR-CL-0809-01-465

	Declarations	LIQ		s/Schedule	GLDEC F GLDEC 0801 Previous Filing #:	DEC_GL_LI Q_0408__G L_Liquor_Lia bility_Declar ations.pdf
Approved	Commercial Inland Marine Declarations	DEC IM	0408	Declaration Replaced s/Schedule	Replaced Form #:0.00 IMDEC IMDEC 0801 Previous Filing #:	SERFF DEC_IM_04 08__IM_Dec larations.pdf
Approved	Accounts Receivable Declarations	DEC IM AR	0408	Declaration Replaced s/Schedule	Replaced Form #:0.00 ARDEC ARDEC 0801 Previous Filing #:	SERFF DEC_IM_AR _0408__IM_ Accounts_R eceivable_D eclarations.p df
Approved	Physicians and Surgeons Equipment Declarations	DEC IM PS	0408	Declaration Replaced s/Schedule	Replaced Form #:0.00 PSDEC PSDEC 0801 Previous Filing #:	SERFF DEC_IM_PS _0408__IM_ Physicians_ Surgeons_D eclarations.p df
Approved	Signs Declarations	DEC IM SIGN	0408	Declaration Replaced s/Schedule	Replaced Form #:0.00 SIGNDEC SIGNDEC 0801 Previous Filing #:	SERFF DEC_IM_SI GN_0408__I M_Sign_Dec larations.pdf
Approved	Valuable Papers Declarations	DEC IM VP	0408	Declaration Replaced s/Schedule	Replaced Form #:0.00 VPDEC VPDEC 0801 Previous Filing #:	SERFF DEC_IM_VP _0408__IM_ Valuable_Pa pers_Declar ations.pdf
Approved	Umbrella Declarations	CUDEC	09 07	Declaration Replaced s/Schedule	Replaced Form #: 33-10268 06 04 Previous Filing #:	SERFF CUDEC_090 4_Umbrella_ Declarations.



SERFF Tracking Number: UNKP-125741666 State: Arkansas  
 First Filing Company: Milwaukee Casualty Insurance Company, ... State Tracking Number: EFT \$50  
 Company Tracking Number: AR-CL-0809-01-465  
 TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings  
 Product Name: Commercial Lines  
 Project Name/Number: /AR-CL-0809-01-465

Approved	Umbrella Schedule	SCHED	08 01	Declaration Replaced s/Schedule	Replaced Form #: 33-0704 06 04 Previous Filing #:	pdf SERFF SCHED_0801_Umbrella_Schedule.pdf
Approved	Notice- Terrorism Coverage - Rejection Statement	30-0722	07 08	Disclosure/ Replaced Notice	Replaced Form #: 30-0722 04 04 Previous Filing #:	SERFF 30_0722_0708_Notice_Terrorism_Rejection_State ment.pdf
Approved	Notice- Privacy Policy (Auto, Farm)	60-0483	06 08	Disclosure/ Replaced Notice	Replaced Form #: 60-0483 08 06 Previous Filing #:	SERFF 60_0483_0608_Privacy_Note.pdf
Approved	Notice- Privacy Policy (WC)	34-1904	06 08	Disclosure/ Replaced Notice	Replaced Form #: 34-1904 08 06 Previous Filing #:	SERFF 34_1904_0608_WC_Privacy_Note.pdf
Approved	Arkansas Workplace Safety Notice	34-1870	06 08	Disclosure/ Replaced Notice	Replaced Form #: 34-1870 01 08 Previous Filing #:	SERFF 34_1870_0608_AR_Workplace_Safety.pdf
Approved	Notice- Privacy Policy (Prop, GL)	60-0446	03 03	Disclosure/ Withdrawn Notice	Replaced Form #: Previous Filing #:	







# COMMERCIAL LINES POLICY



UBI

A Division of AmTrust North America

214-360-8000

**12790 MERIT DRIVE  
DALLAS TEXAS 75251**

Security National Insurance Company

**INSURANCE IS PROVIDED BY  
THE COMPANY DESIGNATED ON THE  
DECLARATIONS PAGE  
(A Stock Insurance Company)**

THIS POLICY CONSISTS OF:

- DECLARATIONS
- COMMON POLICY CONDITIONS
- ONE OR MORE COVERAGE PARTS, and
- APPLICABLE FORMS AND ENDORSEMENTS



# COMMERCIAL LINES POLICY



UBI

A Division of AmTrust North America

214-360-8000

**12790 MERIT DRIVE  
DALLAS TEXAS 75251**

Trinity Universal Insurance Company of Kansas, Inc.

**INSURANCE IS PROVIDED BY  
THE COMPANY DESIGNATED ON THE  
DECLARATIONS PAGE  
(A Stock Insurance Company)**

THIS POLICY CONSISTS OF:

- DECLARATIONS
- COMMON POLICY CONDITIONS
- ONE OR MORE COVERAGE PARTS, and
- APPLICABLE FORMS AND ENDORSEMENTS



# COMMERCIAL LINES POLICY



UBI

A Division of AmTrust North America

214-360-8000

**12790 MERIT DRIVE  
DALLAS TEXAS 75251**

Milwaukee Casualty Insurance Co.

**INSURANCE IS PROVIDED BY  
THE COMPANY DESIGNATED ON THE  
DECLARATIONS PAGE  
(A Stock Insurance Company)**

THIS POLICY CONSISTS OF:

- DECLARATIONS
- COMMON POLICY CONDITIONS
- ONE OR MORE COVERAGE PARTS, and
- APPLICABLE FORMS AND ENDORSEMENTS



# COMMERCIAL LINES POLICY



UBI

A Division of AmTrust North America

**TRIN-PAC**  
*Commercial*

214-360-8000

**12790 MERIT DRIVE  
DALLAS TEXAS 75251**

Security National Insurance Company

INSURANCE IS PROVIDED BY  
THE COMPANY DESIGNATED ON THE  
DECLARATIONS PAGE  
(A Stock Insurance Company)

THIS POLICY CONSISTS OF:

- DECLARATIONS
- COMMON POLICY CONDITIONS
- ONE OR MORE COVERAGE PARTS, and
- APPLICABLE FORMS AND ENDORSEMENTS



## COMMON POLICY DECLARATIONS

Policy Number

Policy Period

From

To

12:01 A.M. Standard Time at the Named Insured's Address

Transaction

Named Insured and Address

Agent

Telephone

Business Description

Type of Business

Audit Period

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY. THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

COVERAGE PART DESCRIPTION

PREMIUM

POLICY PREMIUM \$

DEPOSIT PREMIUM \$

TAXES AND SURCHARGES \$

TOTAL DEPOSIT PREMIUM \$

Forms and Endorsements Applicable to all Coverage Parts

See Forms and Endorsements Schedule

Countersigned:\*

By

Authorized Representative

These Declarations together with the common policy conditions, coverage declarations, coverage form(s) and form and endorsements, if any, issued to form a part thereof, complete the above numbered policy

Issued Date:

DEC CPP 0408



Policy Number:

Named Insured:

## **SUB-LOCATION ADDRESS SCHEDULE**

Issued Date:

**DEC SUB LOC SCH 0408**



Policy Number:

Named Insured:

## LOCATION ADDRESS SCHEDULE

Issued Date:

DEC LOC SCH 0408



Policy Number:

Named Insured:

## **POLICY INTEREST SCHEDULE**

Issued Date:

**DEC INTEREST SCH 0408**



Policy Number:

Named Insured:

## EXTENSION OF NAMED INSURED

Issued Date:

**DEC INSURED EXT 0408**



Policy Number:

Named Insured:

## FORMS AND ENDORSEMENTS SCHEDULE

Coverage Line	Form No.	Ed. Date	Description
---------------	----------	----------	-------------

Issued Date:

DEC FORM SCH 0408



ITEM ONE

BUSINESS AUTO DECLARATIONS

Policy Number	Policy Period	From	To
12:01 A.M. Standard Time at the Named Insured's Address			
Transaction			
Named Insured and Address		Agent	
Telephone:			
Business Description	Type of Business	Audit Period	

**ITEM TWO: SCHEDULE OF COVERAGES AND COVERED AUTOS**  
This policy provides only those coverages where a charge is shown in the premium column below. Each coverage will apply only to those "autos" shown as covered "autos", indicated by the entry of one or more symbols from the COVERED AUTO Section of the Business Auto Coverage Form next to the name of the coverage.

COVERAGES	COVERED AUTO SYMBOLS	LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY		per accident	
PERSONAL INJURY PROTECTION (or equivalent No-fault coverage)		Separately stated in each PIP endorsement minus Deductible	
ADDED PERSONAL INJURY PROT. (or equivalent No-fault coverage)		Separately stated in each Added PIP endorsement	
PROPERTY PROTECTION INS. (Michigan only)		Separately stated in the P.P.I. endorsement minus Deductible	
AUTO MEDICAL PAYMENTS			
UNINSURED MOTORISTS			
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage)			
PHYSICAL DAMAGE COMPREHENSIVE		Actual Cash Value or Cost of Repair, whichever is less, minus the Deductible stated in the Schedule of Covered Autos for each covered auto, but no Deductible applies to loss caused by lightning or fire. See ITEM FOUR for hired or borrowed "autos".	
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS		Actual Cash Value or Cost of Repair, whichever is less, minus \$25 Deductible for each covered auto for loss caused by Mischief or Vandalism. See ITEM FOUR f or hired or borrow ed "autos".	
PHYSICAL DAMAGE COLLISION		Actual Cash Value or Cost of Repair, whichever is less, minus the Deductible stated in the Schedule of Covered Autos for each covered auto. See ITEM FOUR for hired or borrowed "autos".	
PHYSICAL DAMAGE TOWING AND LABOR (not available in California)		for each disablement of a private passenger "auto"	
		Premium for Endorsements	
		Estimated Total Premium	

Forms and Endorsements Applicable to this Policy

See Forms and Endorsements Schedule

Issued Date:



Policy Number:

Named Insured

**BUSINESS AUTO****ITEM THREE: SCHEDULE OF COVERED AUTOS YOU OWN**

DESCRIPTION					LOCATION			
Unit#	Year, Make & Model, Serial No. or Vehicle Identification Number	PURCHASED		State	Territory			
		Original Cost New	Actual Cost & NEW (N) USED (U)					
Classification								
Unit#	Code	Radius of Operations	Business Use	Size GVW, GCW or Seating Capacity	Primary Rating Factor		Secondary Rating Factor	Age Group
					Liability	Physical Damage		
COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES								
LIABILITY		PERS INJURY PROT		ADDED PIP		PROPERTY PROTECTION (MICH. ONLY)		
Unit#	Limit	Premium	Limit state in each PIP Endorsement minus deductible shown below		Premium	Limit stated in each Added PIP Endorsement	Limit stated in P.P.I. Endorsement minus deductible shown below	Premium
				Premium				
COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES (Cont.)								
UNINSURED MOTORIST			UNDERINSURED MOTORIST			AUTO MED APAY		
Unit#	Limit	Premium	Limit	Premium	Limit	Premium		
COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES (Cont.)								
COMPREHENSIVE		SP. CAUSE. OF LOSS		COLLISION		TOWING & LABOR		
Unit#	Limit stated in ITEM TWO minus deductible shown below	Premium	Limit stated in ITEM TWO	Premium	Limit stated in ITEM TWO minus deductible shown below	Premium	Limit per Disablement	
								Premium

Issued Date:

DEC BA2 0408



Policy Number:

Named Insured:

**BUSINESS AUTO****ITEM FOUR:****SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS**

LIABILITY COVERAGE - RATING BASIS, COST OF HIRE				
STATE	ESTIMATED COST OF HIRE FOR EACH STATE	RATE PER EACH \$100 COST OF HIRE	FACTOR (IF LIABILITY COVERAGE IS PRIMARY)	ESTIMATED PREMIUM
			TOTAL PREMIUM	
The Cost of Hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or employees or their family members). Cost of Hire does not include charges for services performed by motor carriers of property or passengers.				
PHYSICAL DAMAGE COVERAGE				
COVERAGES	LIMIT OF INSURANCE THE MOST WE WILL PAY DEDUCTIBLE	ESTIMATED ANNUAL COST OF HIRE	RATE PER EACH \$100 ANNUAL COST OF HIRE	PREMIUM
COMPREHENSIVE	Actual Cash Value or Cost of repairs, whichever is less minus Deductible for each covered auto. But no Deductible applies to loss caused by fire or lightning.			
SPECIFIED CAUSES OF LOSS	Actual Cash Value or Cost of Repairs, whichever is less minus \$25 Deductible for each covered auto for loss caused by Mischief or Vandalism.			
COLLISION	Actual Cash Value, Cost of Repairs or whichever is less minus Deductible for each covered auto.			
			TOTAL PREMIUM	

**ITEM FIVE:****SCHEDULE FOR NON-OWNERSHIP LIABILITY**

NAMED INSURED'S BUSINESS	RATING BASIS	NUMBER	PREMIUM
Other than a Social Service Agency	Number of Employees		
	Number of Partners		
Social Service Agency	Number of Employees		
	Number of Volunteers		
		TOTAL PREMIUM	

Issued Date:

**DEC BA3 0408**



**Named Insured:**

**ITEM SIX:**

<b>Estimated Yearly</b>  (   ) Gross Receipts  (   ) Mileage	<b>RATES</b>		<b>PREMIUMS</b>	
	(   ) Per \$100 of Gross Receipts  (   ) Per Mile			
	<b>LIABILITY COVERAGE</b>	<b>AUTO MEDICAL PAYMENTS</b>	<b>LIABILITY COVERAGE</b>	<b>AUTO MEDICAL PAYMENTS</b>
	<b>TOTAL PREMIUMS</b>			
	<b>MINIMUM PREMIUMS</b>			

**FOR PUBLIC AUTOS**

A. Amount you pay to railroads, steamship lines, airlines and other motor carriers operating under their own ICC or PUC permits.

C. Taxes which you collect as a separate item and remit directly to a governmental division.

Mileage means the total live and dead mileage of all revenue producing units operated during the policy period.

Gross Receipts means the total amount to which you are entitled for the leasing or rental of "autos" during the policy period and includes taxes except those taxes you collect as a separate item and remit directly to a governmental division.

Issued Date:



**COMMERCIAL PROPERTY  
DECLARATIONS**

<b>Policy Number</b>	<b>Policy Period</b>	<b>From</b>	<b>To</b>
12:01 A.M. Standard Time at the Named Insured's Address			
<b>Transaction</b>			
<b>Named Insured and Address</b>		<b>Agent</b>	
		Telephone:	
<b>Business Description</b>	<b>Type of Business</b>	<b>Audit Period</b>	

**IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.**

**DESCRIPTION OF PREMISES**  
Refer to attached schedule.

**COVERAGES PROVIDED**  
Refer to attached schedule, if any.

**OPTIONAL COVERAGES**  
Refer to attached schedule, if any.

**MORTGAGEES AND ADDITIONAL INTERESTS**  
Refer to attached schedule, if any.

**TOTAL PREMIUM FOR THIS COVERAGE PART    \$**

<b>Forms and Endorsements Applicable to this Policy</b>
See Forms and Endorsements Schedule

These Declarations together with the common policy conditions, coverage part declarations, coverage part coverage form(s) and forms and endorsements, if any, issued to form a part thereof, complete the above numbered policy.



Policy Number:

Named Insured:

**COMMERCIAL PROPERTY  
DESCRIPTION OF PREMISES**

Prem. No.	Bldg. No.	Occupancy	Construction	Prot. Class	Terr
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Issued Date:

**DEC CF B 0408**



Policy Number:

Named Insured:

## COMMERCIAL PROPERTY DESCRIPTION OF COVERAGES PROVIDED

Prem. No.	Bldg. No.	COVERAGE	LIMIT OF INSURANCE	BLANKET COVERAGE	COVERED CAUSES OF LOSS	COINSURANCE†	DED.
--------------	--------------	----------	-----------------------	---------------------	---------------------------	--------------	------

†IF EXTRA EXPENSE COVERAGE, LIMITS ON LOSS PAYMENT

Issued Date:

**DEC CF C 0408**



Policy Number:

Named Insured:

COMMERCIAL PROPERTY  
DESCRIPTION OF OPTIONAL COVERAGES PROVIDED

Prem No	Bldg No	Coverage	Effective Date	Expiration Date	Agreed Value	Valuation† Bldg	Pers Prop	Incl Stock	Inflation Bldg	Guard Pers Prop	Monthly Limit of Indemnity	Maximum Period of Indemnity	Extended Period of Indemnity
------------	------------	----------	----------------	-----------------	-----------------	--------------------	--------------	---------------	-------------------	-----------------------	----------------------------------	-----------------------------------	------------------------------------

† RC = Replacement Cost  
FRC = Functional Replacement Cost  
ACV = Actual Cash Value

Issued Date:



Policy Number:

Named Insured:

COMMERCIAL PROPERTY  
SUPPLEMENTAL DECLARATIONS BLANKET

LOCATION SCHEDULE PREMIUM CHARGES:

PREMISES NUMBER	BUILDING NUMBER	COVERAGE	BLANKET LIMIT	COINSURANCE	COVERED CAUSES OF LOSS	PREMIUM†
--------------------	--------------------	----------	---------------	-------------	------------------------	----------

Issued Date:



Policy Number:

Named Insured:

**COMMERCIAL PROPERTY  
SUPPLEMENTAL DECLARATIONS**

**LOCATION SCHEDULE PREMIUM CHARGES:**

<b>PREMISES NUMBER</b>	<b>BUILDING NUMBER</b>	<b>COVERAGE</b>	<b>COVERED CAUSES OF LOSS</b>	<b>PREMIUM</b>
----------------------------	----------------------------	-----------------	-------------------------------	----------------

**Total for Location:**

**Total for All Locations:**

**OTHER PROPERTY COVERAGE PREMIUM CHARGES:**

<b>COVERAGE</b>	<b>PREMIUM</b>
-----------------	----------------

**Total Other Property:**

**Total Property Premium Charges  
(Excluding Taxes and Surcharges)**

Issued Date:



## COMMERCIAL CRIME DECLARATIONS

Policy Number

Policy Period

From

To

12:01 A.M. Standard Time at the Named Insured's Address

Transaction

Named Insured and Address

Agent

Telephone:

Business Description

Type of Business

Audit Period

**IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY. INSURANCE AT THE DESCRIBED PREMISES APPLIES ONLY FOR THE COVERAGES SHOWN BELOW.**

**INSURING AGREEMENTS, LIMITS OF INSURANCE AND DEDUCTIBLE** Description of Premises: See attached schedule

Prem Bldg Plan Coverage

Limit

Deductible

**TOTAL PREMIUM FOR THIS COVERAGE PART \$**

Forms and Endorsements Applicable to this Policy

See Forms and Endorsements Schedule

These Declarations together with the common policy conditions, coverage part declarations, coverage part coverage form(s) and forms and endorsements, if any, issued to form a part thereof, complete the above numbered policy.

Issued Date:

**DEC CR 0408**



**COMMERCIAL GENERAL LIABILITY  
DECLARATIONS**

**Policy Number**

**Policy Period**

**From**

**To**

12:01 A.M. Standard Time at the Named Insured's Address

**Transaction**

**Named Insured and Address**

**Agent**

**Telephone:**

**Business Description**

**Type of Business**

**Audit Period**

**IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.**

**LIMITS OF INSURANCE**

General Aggregate Limit (Other than Products-Completed Operations)	\$
Products - Completed Operations Aggregate Limit	\$
Each Occurrence Limit	\$
Personal and Advertising Injury Limit	\$
Medical Expense Limit, any one person	\$
Damage to Premises Rented to You Limit, any one premises	\$

**AMENDED LIMITS OF LIABILITY**

Refer to attached schedule, if any.

**LOCATIONS OF ALL PREMISES YOU OWN, RENT OR OCCUPY**

Refer to attached schedule.

**CLASSIFICATIONS**

Refer to attached schedule.

**TOTAL PREMIUM FOR THIS COVERAGE PART \$**

Forms and Endorsements Applicable to this Policy

See Forms and Endorsements Schedule

These Declarations together with the common policy conditions, coverage part declarations, coverage part coverage form(s) and forms and endorsements, if any, issued to form a part thereof, complete the above numbered policy.

Issued Date:

**DEC GL 0408**



Policy Number:

Named Insured:

**COMMERCIAL GENERAL LIABILITY CLASSIFICATION SCHEDULE**

---

Loc	St	Terr	Code	Premium Basis	Exposure	Rate	Per	Cov	Premium
			Classification Description						

Issued Date:

DEC GL CLASS 0408



Policy Number:

Named Insured:

**COMMERCIAL GENERAL LIABILITY  
EXTENSION OF DECLARATIONS**

**LOCATION OF PREMISES**

Location of All Premises You Own, Rent or Occupy:

**PREMIUM**

Location	Classification	Code No.	Exposure	Basis	Rate		Advance Premium	
					Prem. Ops.	Prod/Comp Ops.	Prem.Ops.	Prod/Comp Ops.

**Extension of Declarations – Total Advance Annual Premium**

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Issued Date:

**DEC GL EXT 0408**



# OWNERS AND CONTRACTORS PROTECTIVE LIABILITY DECLARATIONS

Policy Number

Policy Period: From

To

12:01 A.M. Standard Time at the Named Insured's Address

Transaction

Named Insured and Address

Agent

Telephone:

Business Description

Type of Business

Audit Period

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

## LOCATION OF COVERED OPERATIONS

## DESIGNATED CONTRACTOR AND MAILING ADDRESS

## LIMITS OF INSURANCE

EACH OCCURRENCE LIMIT

\$

AGGREGATE LIMIT

\$

## CLASSIFICATION AND PREMIUM

Classification	Code Number	Premium Base Contract Cost	Rate Per \$1,000 of Cost	Advance Premium
				\$
			STATE TAX OR OTHER (if applicable)	\$
			TOTAL PREMIUM	\$

PREMIUM SHOWN IS PAYABLE:

\$

AT INCEPTION

(If Policy Period Is More than One Year and Premium Is Paid in Annual Installments)

\$

AT EACH ANNIVERSARY

## FORMS AND ENDORSEMENTS

Forms and Endorsements applying to this Coverage Part and made part of this policy at time of issue:

See Forms and Endorsements Schedule

Countersigned:

By \_\_\_\_\_  
Authorized Representative

THESE DECLARATIONS, TOGETHER WITH THE COVERAGE FORM(S) AND ANY ENDORSEMENTS, COMPLETE THE ABOVE NUMBERED POLICY.  
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Issued Date:

DEC GL OCP 0408



## LIQUOR LIABILITY DECLARATIONS

Policy Number

Policy Period: From To  
12:01 A.M. Standard Time at the Named Insured's Address

Transaction

Named Insured and Address

Agent

Telephone:

Business Description

Type of Business

Audit Period

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

### LIMITS OF INSURANCE

Aggregate Limit \$

Each Common Cause Limit \$

### RETROACTIVE DATE (CG 00 34 only)

This insurance does not apply to injury which occurs before the Retroactive Date, if any, shown below.

Retroactive Date: \_\_\_\_\_  
(Enter date or "None" if no Retroactive Date applies)

### LOCATIONS

All Premises You Own, Rent or Occupy

Location Number Address of All Premises You Own, Rent or Occupy

### CLASSIFICATION AND PREMIUM

Classification	Code Number	Premium Base	Rate	Advance Premium
			\$	\$

			State Tax or Other (If applicable)	\$
Premium shown is payable: \$		at inception	Total Advance Premium	\$

### FORMS AND ENDORSEMENTS \*

Forms and Endorsements applying to this Coverage Part and made part of this policy at time of issue:

See Forms and Endorsements Schedule

Countersigned:

By \_\_\_\_\_  
Authorized Representative

THESE DECLARATIONS, TOGETHER WITH THE COVERAGE FORM(S) AND ANY ENDORSEMENTS, COMPLETE THE ABOVE NUMBERED POLICY.  
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Issued Date:

DEC GL LIQ 0408



**COMMERCIAL INLAND MARINE  
DECLARATIONS**

<b>Policy Number</b>	<b>Policy Period</b>	<b>From</b>	<b>To</b>
12:01 A.M. Standard Time at the Named Insured's Address			
<b>Transaction</b>			
<b>Named Insured and Address</b>		<b>Agent</b>	
		Telephone:	
<b>Business Description</b>	<b>Type of Business</b>	<b>Audit Period</b>	
<b>IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.</b>			
<b>COVERAGE</b>		<b>PREMIUM</b>	

**TOTAL PREMIUM FOR THIS COVERAGE PART    \$**

<b>Forms and Endorsements Applicable to this Policy</b>
See Forms and Endorsements Schedule

These Declarations together with the common policy conditions, coverage part declarations, coverage part coverage form(s) and forms and endorsements, if any, issued to form a part thereof, complete the above numbered policy.



Policy Number:

Named Insured:

## ACCOUNTS RECEIVABLE DECLARATIONS

### PREMIUM FOR THIS COVERAGE FORM

---

### LIMITS OF INSURANCE

---

A. COVERAGE APPLICABLE AT YOUR PREMISES

Address - See attached schedule for complete address.

Limit of Insurance

Prem      Bldg

B. COVERAGE APPLICABLE AWAY FROM YOUR PREMISES

C. COVERAGE APPLICABLE AT ALL LOCATIONS

### DESCRIPTION OF RECEPTACLES

---

Prem	Bldg	Manufacturer	Class	/ Label	/ Issuer
------	------	--------------	-------	---------	----------

### COINSURANCE

---

The Coinsurance percentage is 80% unless otherwise stated.

### RATES AND PREMIUM

---

A. Nonreporting  
Rate

Premium

B. Reporting

1. Deposit Premium

2. Minimum Annual Premium

3. Reporting Period

☐ Annual    ☐ Quarterly    ☐ Monthly

4. Premium Adjustment Period

☐ Annual    ☐ Quarterly    ☐ Monthly

5. Rate

### DUPLICATE RECORDS

---

If the Duplicate Records endorsement is attached, the following applies:

PERCENTAGE DUPLICATED

### SPECIAL PROVISIONS (if any)

---

Issued Date:

DEC IM AR 0408



Policy Number:

Named Insured:

## PHYSICIANS AND SURGEONS EQUIPMENT DECLARATIONS

### PREMIUM FOR THIS COVERAGE FORM

---

### LIMITS OF INSURANCE

Limit of Insurance

A. PROPERTY AT YOUR PREMISES

Address - See attached schedule for complete address.

Prem    Bldg

B. ALL COVERED PROPERTY AT ALL LOCATIONS

### DEDUCTIBLE

---

A. The Deductible amount for other than Artificially Generated Current Coverage is \$500 unless otherwise stated.

B. If Artificially Generated Current Coverage applies, the Deductible amount for Artificially Generated Current Coverage is \$1,000 unless otherwise stated.

### COINSURANCE

---

The Coinsurance is 80% unless otherwise stated

### SPECIAL PROVISIONS (if any)

---

Issued Date:

DEC IM PS 0408



Policy Number:

Named Insured:

## SIGNS DECLARATIONS

### PREMIUM FOR THIS COVERAGE FORM

---

### LIMITS OF INSURANCE

---

Loc	Type	Description	Limit	Premium
-----	------	-------------	-------	---------

### DEDUCTIBLE

---

A Deductible of 5% of the Limit of Insurance for each Sign  
\_\_\_\_\_applies. \_\_\_\_\_does not apply.

### COINSURANCE

---

The Coinsurance percentage is 100% unless otherwise stated

### SPECIAL PROVISIONS (if any)

---

Issued Date:

DEC IM SIGN 0408



Policy Number:

Named Insured:

## VALUABLE PAPERS DECLARATIONS

### PREMIUM FOR THIS COVERAGE FORM

---

### LIMITS OF INSURANCE

---

#### A. PROPERTY AT YOUR PREMISES

- Specifically Described Property  
Prem      Bldg

Limit of Insurance

- All Other Covered Property

#### B. PROPERTY AWAY FROM YOUR PREMISES

### DEDUCTIBLE

---

The Deductible amount is \$500 unless otherwise stated.

### DESCRIPTION OF RECEPTACLES

---

Prem Bldg      Manufacturer

Class / Label / Issuer

### SPECIAL PROVISIONS (if any)

---

Issued Date:

**DEC IM VP 0408**



## COMMERCIAL LIABILITY UMBRELLA POLICY

Policy Number	Policy Period	From	To
12:01A.M. Standard Time at your Mailing Address shown below			
Transaction			
Payplan:			
Named Insured and Address		Agent	
Telephone:			
Business Description	Form of Business	Audit Period (if applicable)	

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE COVERAGE AS STATED IN THIS POLICY.

### LIMITS OF INSURANCE

EACH OCCURRENCE LIMIT

\$

POLICY AGGREGATE LIMIT

\$

SELF-INSURED RETENTION

\$

Sub-total Premium

\$

Terrorism Premium

\$

STATE TAX OR OTHER (if applicable)

\$

TOTAL PREMIUM

\$

PREMIUM SHOWN IS PAYABLE:

AT INCEPTION \$

### ENDORSEMENTS

ENDORSEMENTS ATTACHED TO THIS POLICY: See Forms and Endorsements Schedule

THESE DECLARATIONS TOGETHER WITH THE POLICY CONDITIONS, COVERAGE PART, FORM(S) AND ANY ENDORSEMENT(S), ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

Countersigned this

By \_\_\_\_\_  
Authorized Representative



Policy Number:

Named Insured:

## 1. SCHEDULE OF UNDERLYING INSURANCE

### Employers' Liability

Company:

Policy Number:

Policy Period:

#### Minimum Applicable Limits

Bodily injury by accident	\$	Each Accident
Bodily injury by disease	\$	Each Employee
Bodily injury by disease	\$	Each Accident/Occurrence

### Commercial General Liability

Company:

Policy Number:

Policy Period:

#### Minimum Applicable Limits

General Aggregate	\$
Products-Completed Operations Aggregate	\$
Personal And Advertising Injury	\$
Each Occurrence	\$

### Commercial Auto Liability

Company:

Policy Number:

Policy Period:

#### Minimum Applicable Limits

Each Accident	\$
---------------	----

### Farm Liability

Company:

Policy Number:

Policy Period:

#### Minimum Applicable Limits

Aggregate	\$
Personal And Advertising Injury	\$
Each Occurrence	\$

0000000031



Policy Number:

Named Insured:

## FORMS AND ENDORSEMENTS SCHEDULE

Coverage Line	Form Nbr.	Ed. Date	Description
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0000000033



POLICY NUMBER:  
POLICY EFFECTIVE DATE:

COMPANY REJECTION  
30-0722 07 08

## NOTICE – TERRORISM COVERAGE

### REJECTION STATEMENT

I have read the RESTRICTIONS OF TERRORISM COVERAGE – NOTICE TO POLICYHOLDERS and I hereby reject the offer of terrorism coverage. I understand that an exclusion of certain terrorism losses will be made a part of my policy.

I REJECT THE TERRORISM COVERAGE:

\_\_\_\_\_  
(Signature of Insured)

\_\_\_\_\_  
(Date Signed)

\_\_\_\_\_  
(Signature of Insured)

\_\_\_\_\_  
(Date Signed)



# UBI

## A Division of AmTrust North America

### IMPORTANT NOTICE REGARDING OUR PRIVACY POLICY

**Applicable in Alabama, Arizona, Arkansas, Colorado, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, South Dakota, Tennessee, Texas, Utah, Washington, Wisconsin, and Wyoming**

The Companies listed herein have policies and practices that respect the privacy of our customers and consumers. If you have obtained an insurance product or service from us that is to be used for personal, family or household purposes, or if you have an insurance transaction involving such coverage, this notice applies to you. It pertains to your nonpublic personal information. We shall refer to it as "Information" in this notice. For other states, contact your agent or us for a copy of the right notice.

We reserve the right to revise this policy at any time. We will send you a new notice if changes are made that will result in other disclosures of your Information.

#### **Types of Information We May Collect**

We may collect Information about you that we receive from:

- You on applications and other forms. Examples include your name, address, date of birth, phone number, social security and driver license numbers;
- Your agent;
- Your transactions with our affiliates, others, or us. Examples include your policy's account balance, your premium payment history, and your bank account number; and
- Outside sources such as consumer reporting agencies, including motor vehicle records, credit reports and claim history reports.

#### **Types of Information We May Disclose, And To Whom**

We may disclose all of the Information above, with some exceptions, to other companies. For instance, we may share your Information with companies that perform marketing for us or with financial institutions that have joint marketing agreements with us. However, your information will not be shared for marketing purposes unless our disclosure is to one of our affiliates, an insurance institution, a surplus lines insurer, an insurance producer, or a party acting on behalf of one of these, and the marketing is of insurance or financial products or services. Further, we will not share the following Information with others whose only use for it is to market a product or service:

- Information relating to your character, personal habits, mode of living, or reputation;
- Any classification derived from such information;
- Information that relates to an insurance claim by you;
- Information that relates to a criminal or civil proceeding involving you; or
- Information collected in connection with a reasonable anticipation of an insurance claim or criminal or civil proceeding involving you.

We will not disclose your medical record information to others for marketing purposes.

We will not share your Information with anyone else without your permission unless:

- They are helping us service or process a transaction; or
- We are otherwise permitted or required by law to do so.



Examples of others with whom we may share your Information without your permission include:

- People or organizations that perform a business function for us. Examples are companies that help us:
  - Print payment coupons;
  - Adjust or investigate claims;
  - Program software to help us process customers' transactions; or
  - Market our own products or minimize unnecessary marketing to you;
- Your agent or broker;
- Regulatory and law enforcement authorities, such as government offices or courts which subpoena records;
- Insurance support organizations which gather data to help deter or prevent insurance crimes;
- Other insurance companies or support organizations for an insurance transaction involving you. An example is the purchase of reinsurance;
- Businesses which conduct actuarial or research studies;
- Our affiliates, for internal or agency audits of the marketing of an insurance product or service; and
- A company that may acquire a line of business or function or book of business from us.

## **Security of Your Information**

We have procedures and policies to help us protect your Information from unauthorized use or access. At our companies, we restrict access to protected information to the employees who have a business need for it. When we share Information with companies who work on our behalf, we protect it where required by federal law with a confidentiality agreement. We also have physical, electronic and procedural safeguards to guard your Information.

## **Insurance Support Organization Reports**

Information obtained from a report from an insurance support organization may be retained by them and disclosed to others.

## **Your Right to Access and Correct Information**

You may see and copy in person most of the Information about you we have in our files. If you prefer, we will copy and send it to you within 30 business days from the date we receive your request. We will not share privileged information with you. Information collected in connection with a lawsuit or claim is considered privileged. The law may require us to obtain professional approval to share with you certain medical information. We may arrange for an insurance support organization or a consumer reporting agency to copy and disclose to you certain Information for us. We will identify any institutional source for Information that we share with you.

If you tell us that any of your Information in our records is incorrect, we will investigate. Within 30 business days of our receipt of your written request for correction, we will either correct the error or notify you why we decline to do so. If we correct the Information, we will also notify others who have received or will receive the disputed Information of the correction. If we do not make the requested change, we will provide you the option of filing a statement with us disputing the information. We will then make that statement available to others who receive the disputed Information.

Your request to see and copy such information must be in writing. Include your name, address, policy number, daytime phone number, the best time of day for us to call, and a copy of identification such as your driver's license.

- If you have a policy with us, mark your request "Attn: Privacy Coordinator" and mail it to the company address shown below.
- If you do not have a policy with us but have an insurance transaction with us, such as receipt of a quote, then you may send your request to your agent.

## **If You Are an Internet User**

If you use the Internet and access the website of one or more of our companies, it may have other information on your use of that website.

### **UBI**

#### **A Division of AmTrust North America**

12790 Merit Drive, Dallas, TX 75251

P.O. Box 650771, Dallas, TX 75265-0771

Milwaukee Casualty Insurance Co.

Trinity Universal Insurance Company of Kansas, Inc.

Security National Insurance Company

Trinity Lloyd's Insurance Company



# UBI

## A Division of AmTrust North America

### IMPORTANT NOTICE TO WORKERS COMPENSATION PLAN PARTICIPANTS REGARDING OUR PRIVACY POLICY

The Companies listed herein have policies and practices that respect the privacy of beneficiaries under your workers compensation plan ("Beneficiaries"). This notice applies to the nonpublic personal information of Beneficiaries ("Information"). We reserve the right to revise this policy at any time. We will send you a new notice if such changes will result in disclosures of Information beyond those outlined here.

#### **Types of Information We May Collect and From Whom**

We may collect Information from:

- You, on applications and other forms. Examples include name, address, date of birth, phone, social security and driver license numbers;
- Your agent;
- Your transactions with our affiliates, others and us;
- The Beneficiary, such as claim-related information; and
- Outside sources, such as consumer reporting agencies, including motor vehicle records and claim history reports.

#### **Types of Information We May Disclose and To Whom**

We do not disclose Information to anyone, except for processing and servicing transactions, or as otherwise permitted or required by law. Examples of others with whom we may share Information without a Beneficiary's permission include:

- A person or organization that performs a business function for us. An examples is a company that helps us:
  - Adjust or investigate claims; or
  - Program software to help us process transactions.
- You. Examples include information related to your loss experience and safety programs;
- Your agent or broker;
- A regulatory and law enforcement authority, such as a government office or court that subpoenas records;
- An insurance support organizations that gathers data to help deter or prevent insurance crimes;
- An insurance company or insurance support organization for an insurance transaction involving you or the Beneficiary. An example is the purchase of reinsurance;
- A business that conducts actuarial or research studies;
- An affiliate of ours, for internal or agency audits; and
- A company that may acquire a line of business, function or book of business from us.



## **Security of Information**

We have procedures and policies to help us protect Information from unauthorized use or access. We restrict access to protected information to our employees who have a business need for it. When we share Information with a company who works on our behalf, we protect it where required by federal law with a confidentiality agreement. We also have physical, electronic and procedural safeguards to guard Information.

## **Insurance Support Organization Reports**

Information we obtain from an insurance support organization may be retained by them and disclosed to others.

## **Internet Users**

If Internet users access our Web site, they may find other information about the use of that site.

## **State Exception**

This notice is not for use in California. If a Beneficiary is located in that state, other provisions apply. The Beneficiary may contact the company or agent for further information.

### **UBI**

#### **A Division of AmTrust North America**

12790 Merit Drive, Dallas, TX 75251

P.O. Box 650771, Dallas, TX 75265-0771

Milwaukee Casualty Insurance Co.

Trinity Universal Insurance Company of Kansas, Inc.

Security National Insurance Company

Trinity Lloyd's Insurance Company



## **ARKANSAS WORKPLACE SAFETY SERVICES**

**The UBI, A Division of AmTrust North America, companies are required to provide its policyholders with certain accident prevention services at no additional cost as required by Ark. Code Ann. §11-9-409 (d) and AWCC Rule 32.**

**If you would like more information, call 1-800-777-2249, ext. 8673.**

**If you have any questions about this requirement, call the Health and Safety Division, Arkansas Workers' Compensation Commission at 1-800-622-4472.**

Milwaukee Casualty Insurance Co.      Trinity Universal Insurance Company of Kansas, Inc  
Security National Insurance Company



<i>SERFF Tracking Number:</i>	<i>UNKP-125741666</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Milwaukee Casualty Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>AR-CL-0809-01-465</i>		
<i>TOI:</i>	<i>35.0 Interline Filings</i>	<i>Sub-TOI:</i>	<i>35.0002 Commercial Interline Filings</i>
<i>Product Name:</i>	<i>Commercial Lines</i>		
<i>Project Name/Number:</i>	<i>/AR-CL-0809-01-465</i>		

## Rate Information

Rate data does NOT apply to filing.



SERFF Tracking Number: UNKP-125741666 State: Arkansas  
First Filing Company: Milwaukee Casualty Insurance Company, ... State Tracking Number: EFT \$50  
Company Tracking Number: AR-CL-0809-01-465  
TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings  
Product Name: Commercial Lines  
Project Name/Number: /AR-CL-0809-01-465

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty  
**Review Status:** Approved 08/04/2008

**Comments:**

**Attachments:**

SERFF F777\_03\_07.pdf  
SERFF F778\_03\_07\_Page\_1.pdf  
SERFF F778\_03\_07\_Page\_2.pdf  
SERFF F778\_03\_07\_Page\_3.pdf  
SERFF F778\_03\_07\_Page\_4.pdf

**Satisfied -Name:** Company Cover Letter  
**Review Status:** Approved 08/04/2008

**Comments:**

**Attachment:**

SERFF Letter\_Company\_Forms.pdf



**Property & Casualty Transmittal Document**

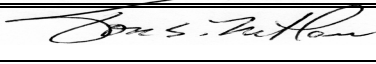
<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b>	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
g. SERFF Filing #:		
h. Subject Codes		

<b>3. Group Name</b>	<b>Group NAIC #</b>
AmTrust Financial Group	2538

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Security National Insurance Company	Texas	19879	75-6020448	
Trinity Universal Insurance Company of Kansas	Kansas	15954	75-1413993	
Milwaukee Casualty Insurance Company	Wisconsin	26662	39-1190263	

<b>5. Company Tracking Number</b>	<b>AR-CL-0809-01-465</b>
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Jon Zetlau 12790 Merit Drive Dallas, TX 75251	Bureau/ Forms Compliance Manager	800/777-2249 ext 8034	214/360-8060	tsettlemer@amtrus tgroup.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Jon Zetlau		

**Filing information** (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	35.0 Interline Filings
10. Sub-Type of Insurance (Sub-TOI)	35.0000 Interline Filings
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 09/01/08      Renewal: 09/01/08



<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16. Reference Organization</b> (if applicable)	NA
<b>17. Reference Organization # &amp; Title</b>	NA
<b>18. Company's Date of Filing</b>	July 22, 2008
<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

### Property & Casualty Transmittal Document—

<b>20. This filing transmittal is part of Company Tracking #</b>	AR-CL-0809-01-465
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<b>21. Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Filing to adopt revised Company Jackets, Declarations and other company forms due to change in Company name to "UBI - A Division of AmTrust North America".

<b>22. Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
---



**Check #:**  
**Amount:** \$50

**Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.**

**\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**



**FORM FILING SCHEDULE**

(This form must be provided ONLY when making a filing that includes forms)  
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>		<b>AR-CL-0809-01-465 --- Page 1</b>		
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)		<b>NA</b>		
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement or Withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	Commercial Lines Policy Jacket - Security National Insurance Co.	31-3754 06 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	31-3754 07 07	
02	Commercial Lines Policy Jacket - Trinity Universal Insurance Co.- Kansas	31-3756 06 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	31-3756 07 07	
03	Commercial Lines Policy Jacket - Milwaukee Casualty Insurance Co.	31-3755 06 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	31-3755 07 07	
04	Trin Pac Commercial Lines Policy Jacket - Security National Insurance Co.	31-3749 06 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	31-3749 08 07	
05	Common Policy Declarations	DEC CPP 04 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	CPPDEC 08 01	
06	Extension of Named Insured	DEC INSURED EXT 04 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	EXTENSION OF NAMED INSURED 08 01	
07	Forms and Endorsement Schedule	DEC FORM SCH 04 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	FORMINV 08 01	
08	Policy Interest Schedule	DEC INTEREST SCH 04 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	NASCHED 08 01	
09	Location Address Schedule	DEC LOC SCH 04 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	LOCSCH 08 01	
10	Sub-Location Address Schedule	DEC SUB LOC SCH 04 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	SLOCSCH 08 01	



**FORM FILING SCHEDULE**

(This form must be provided ONLY when making a filing that includes forms)  
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>		<b>AR-CL-0809-01-465 --- Page 2</b>		
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)		<b>NA</b>		
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement or Withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	Business Auto Declaration	DEC BA 04 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	BADEC 08 01	
02	Business Auto Declaration (2)	DEC BA2 04 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	BADEC2P 08 01	
03	Business Auto Declaration (3)	DEC BA3 04 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	BADEC3 08 01	
04	Business Auto Declaration (4)	DEC BA4 04 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	BADEC4 08 01	
05	Commercial Property Declarations	DEC CF 04 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	DCFDEC 08 01	
06	Commercial Property Description of Premises	DEC CF B 04 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	DECCFB 08 01	
07	Commercial Property Description of Coverages	DEC CF C 04 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	DECCFC 08 01	
08	Commercial Property Description of Optional Coverages Provided	DEC CF D 04 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	DECCFD 08 01	
09	Commercial Property Supplemental Declarations Blanket	DEC CF E 04 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10	Commercial Property Supplemental Declarations	DEC CF F 04 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		



**FORM FILING SCHEDULE**

(This form must be provided ONLY when making a filing that includes forms)  
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>		<b>AR-CL-0809-01-465 --- Page 3</b>		
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)		<b>NA</b>		
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement or Withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	Crime Declarations	DEC CR 04 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	CRDEC 08 01	
02	Commercial General Liability Classification Schedule	DEC GL CLASS 04 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	GLCLASS 06 95	
03	Commercial General Liability Declarations	DEC GL 04 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	GLDECM 08 01	
04	Commercial General Liability Extension of Declarations	DEC GL EXT 04 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	GLDECB 08 01	
05	Liquor Liability Declarations	DEC GL LIQ 04 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	GLDECF 08 01	
06	Owners & Contractors Protective Liability Declarations	DEC GL OCP 04 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	GLDECE 08 01	
07	Accounts Receivable Declarations	DEC IM AR 04 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	ARDEC 08 01	
08	Commercial Inland Marine Declarations	DEC IM 04 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	IMDEC 08 01	
09	Physicians & Surgeons Equipment Declarations	DEC IM PS 04 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	PSDEC 08 01	
10	Sign Coverage Part Declarations	DEC IM SIGN 04 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	SIGNDEC 08 01	



**FORM FILING SCHEDULE**

(This form must be provided **ONLY** when making a filing that includes forms)  
**(Do not refer to the body of the filing for the forms listing, unless allowed by state.)**

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>		<b>AR-CL-0809-01-465 --- Page 4</b>		
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)		<b>NA</b>		
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement or Withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	Valuable Papers Declarations	DEC IM VP 04 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	VPDEC 08 01	
02	Umbrella Declarations	CUDEC 09 04	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	33-10268 06 04	
03	Umbrella Schedule	SCHED 08 01	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	33-0704 06 04	
04	Notice - Terrorism Coverage - Rejection Statement	30-0722 07 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	30-0722 04 04	
05	Notice - Privacy Policy (Auto, Farm)	60-0483 06 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	60-0483 08 06	
06	Notice - Privacy Policy (WC)	34-1904 06 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	34-1904 08 06	
07	Notice - Privacy Policy (Prop, GL)	60-0446 03 03	<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn		
08	Arkansas Workplace Safety Notice	34-1870 06 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	34-1870 01 08	
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		





UBI

A Division of AmTrust North America

July 22, 2008

Arkansas Insurance Department  
1200 West Third Street  
Little Rock, AR 72201-1904

Attn: Property and Casualty Division

RE: Commercial Lines – Company Forms Revision  
Security National Insurance Co. – NAIC #19879; FEIN #75-6020448  
Trinity Universal Insurance Co. of Kansas – NAIC #15954; FEIN #75-1413993  
Milwaukee Casualty Insurance Co. – NAIC #26662; FEIN #39-1190263  
Company Filing Number: AR-CL-0809-01-465

Dear Sir:

For all policies effective on or after September 1, 2008, we wish to adopt the attached forms due to change in Company name to “UBI – A Division of AmTrust North America”.

This change includes our Company Jackets, Declaration Pages and various Company forms that show the Company name.

Forms as required by your Department are attached.

Should you have any further questions or wish to discuss the matter further, please feel free to contact Tyrone Settlemier at (800) 777-2249 ext. 8034, [tsettlemier@amtrustgroup.com](mailto:tsettlemier@amtrustgroup.com), or by mail.

Sincerely,

Jon Zetlau  
Bureau & Forms Compliance Manager